

ASAP

Work Order ID 93198

93198

November-15-12 9:22:01 AM

Item ID: 646.3716

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Gauge Bracket

Start Date: 11/15/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 12-11-12

Tooling:

Date:

Run Start *NR1*

QC: Date: SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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646.3700	A
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110

0.00

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

QC2- Inspect parts off machine FAI/FAIB

0.00

120

120

QC

Memo

0.00

Quality Control

20

0

B12-11-22
Jm13-6-6

20

0

B12-11-22
Jm13-6-6

~~17-11-08~~
6061.080

~~cut on 45° angle~~
Grain Direction

DQA: _____ Date: _____

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 93198

93198

Page 2

November-15-12 9:22:01 AM

Item ID: 646.3716

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Gauge Bracket

Start Date: 11/15/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 20.00

20

Customer:

Reference:

Run Start *NR1*

Approvals:

Process Plan:

Date:

Tooling:

Date:

Stop *NR2*

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hour

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

130

QC

Memo

0.00

Quality Control

140

0.00

140

Brake NC

Brake NC

Memo

Issue P/O:

HARD ANODIZE COLOR BLACK AS PER DWG. (SEE NOTE 3)

150

QC5- Inspect part completeness to step on W/O

0.00

150

QC

Memo

0.00

Quality Control

160

Hand finish scuff + clean

20

13-6-7

W punch. need

issue P/O to A.T.G

P/O: 20116

C&I 13/06/07

attached c/c to W/O

10/3/13 ee

NCR: ☒ Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Ant Date: 13/06/27

QA Closed: Date:

Work Order: <u>93190</u>				DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. <u>646.3716</u>				Rework <input type="checkbox"/>		Skid-tube <input type="checkbox"/>		Crosstube <input type="checkbox"/>		Water Jet <input type="checkbox"/>		Engineering <input type="checkbox"/>	
NCR No. <u>13-2779</u>				Scrap <input checked="" type="checkbox"/>		Machining <input type="checkbox"/>		Small Fab <input type="checkbox"/>		Prod. Eng. Coord. <input checked="" type="checkbox"/>		Quality <input type="checkbox"/>	
				Use-as-is <input type="checkbox"/>		Thermoforming <input type="checkbox"/>		Finishing <input type="checkbox"/>		Rec/Store/Packaging <input type="checkbox"/>		Other <input type="checkbox"/>	
				Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>		Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data <input checked="" type="checkbox"/>				Material cut along wrong grain direction.	DAS 16 2-8	Scrap + Destroy Qty 32	SM 12-12-4	DAS 27 2-8	DAS 16 2-8				
Equip/Tooling <input type="checkbox"/>				Not noted on any Dugs.	AS 2012 12/12/04	and Replenish with Parts cut with the correct grain direction		B 66	AS 2012 12/12/04				
Operator <input type="checkbox"/>				Scrap + Destroy Qty 32		M 125812							
Material <input type="checkbox"/>													
Setup <input type="checkbox"/>													
Other <input type="checkbox"/>													
Process <input type="checkbox"/>													
Supplier <input type="checkbox"/>													
Training <input type="checkbox"/>													
Unapproved <input type="checkbox"/>													
FAULT CATEGORY For Details													
Landing Gear				General									
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input checked="" type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced				
<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure				
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld				
<input type="checkbox"/>	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled				
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>					
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>					
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input checked="" type="checkbox"/>	Other				
<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Actual Dug's Do not Ref A Grain direction to be cut on it.						
<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>							
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>							
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>							

Work Order ID 93198

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Page 3

November-15-12 9:22:01 AM

Item ID: 646.3716 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Gauge Bracket

Start Date: 11/15/12 Start Qty: 20.00 *20*
 Required Date: 12/07/12 Req'd Qty: 20.00 *20*

Cust Item ID:
 Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160		0.00							
160									
SprayPaint	Memo	0.00							
Spray Painting	PRIME IAW MIL-P-23377J TYPE I CLASS N AS PER DWG. (SEE NOTE 4)								
	PRIMER BATCH: 125452								
170									
170	QC14- Inspect Spray Paint	0.00							
QC	6 Memo	0.00							
Quality Control									
180									
180	Identify as per dwg & Stock Location: 8555	0.00							
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV***								

CL 13/04/07

Smb
B.6 21

20

204

8P
13-6-20

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 93198***93198***

Page 4

November-15-12 9:22:01 AM

Item ID: 646.3716

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Gauge Bracket

Start Date: 11/15/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 20.00

20

Customer:

Reference:

Run Start ***NR1***

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop ***NR2***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

190

QC

Memo

0.00

Quality Control

MLJ 13-06-21

13-06-20

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY										
Landing Gear			General							
<input type="checkbox"/> Bending	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> Cracks	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Wave/Twist in Tube
<input type="checkbox"/> Bend	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Burrs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Countersink	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Drawing	<input type="checkbox"/> Finish	<input type="checkbox"/> Folio
<input type="checkbox"/> Grain	<input type="checkbox"/> Hardware	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Misread	<input type="checkbox"/> Offset	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced	<input type="checkbox"/> Temperature/Cure	<input type="checkbox"/> Weld	<input type="checkbox"/> Wrong Stock Pulled
						<input type="checkbox"/> Other				
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>										

Picklist Print

Page 1

November-15-12 9:22:00 AM

Work Order ID: 93198

Parent Item: 646.3716

Parent Item Name: Gauge Bracket

Start Date: 11/15/12

Required Date: 12/07/12

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M17-4-S14GA		Purchased	No			110	sf	0.0000	0.0306	0.6442105	1	12-11-22	
17-4 SS Sheet 14 Gauge 0.073 - 0.083													

12.12.17

~~17-4 - .080~~

123722

M 6061 T6 .080" thick

(32)

Batch: 125812. gm 136.6.

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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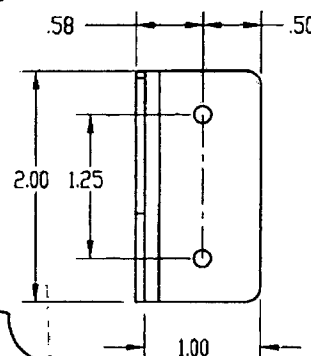
APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: SHEETMETAL					
APPROVED BY: ENGR <i>[Signature]</i>		MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS			EOR: D-12-010	

SHEET 1, ZONE A2 IS:

IS

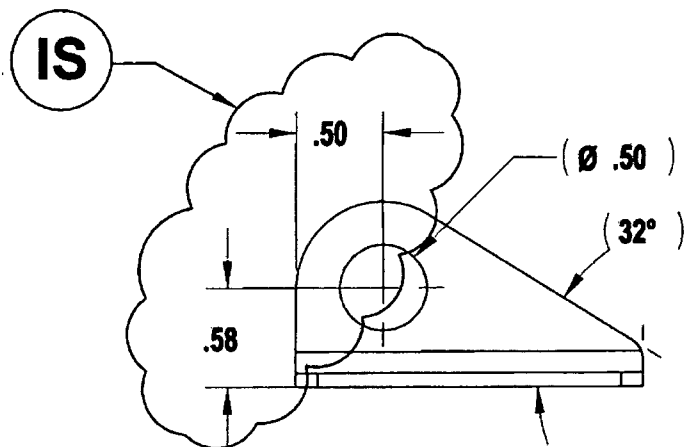
⚠ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

IS

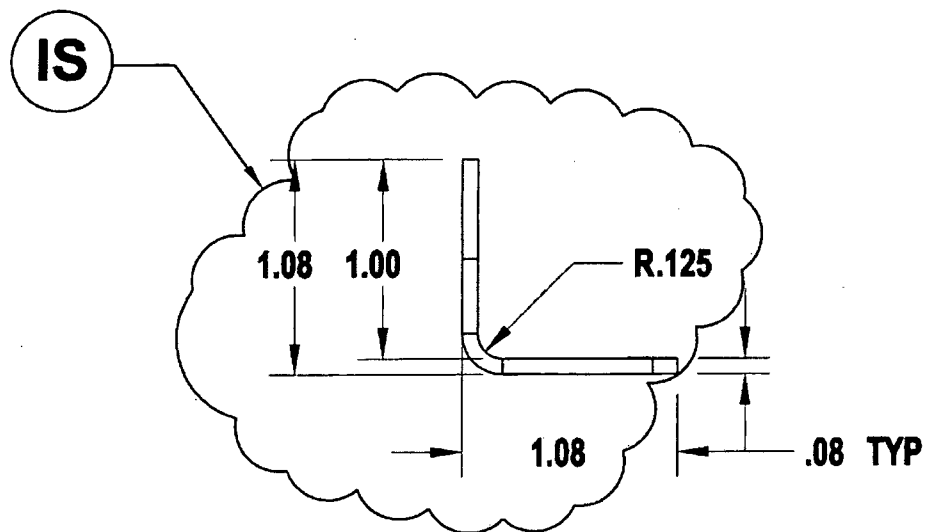


SHEET 7, ZONE B1 IS:

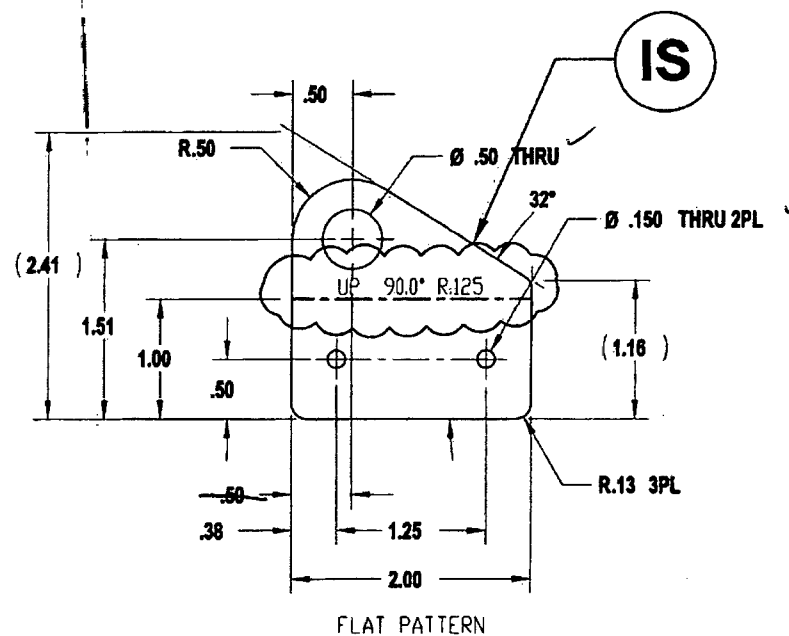
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



SHEET 7, ZONE C4 IS:



SHEET 7, ZONE D1 IS:



SHEET 7, ZONE B7 IS:

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62447

Date: 17-Jun-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

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Terms		Ship Via
Quantity	Description	Rev:
1 lot	Part: ASST 30 PCS 646.3711 22 PCS 646.3713 30 PCS 646.3716 10 PCS 646.3712 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N Job: 20130365	20116 Line:
Certificate of Conformance		
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.		
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY		
DATE: 17/6/13		
CERTIFIED SIGNATURE: 		
RECEIVER SIGNATURE: _____		